

MEETING MINUTES - <Prevention Workgroup>

Date of Meeting: (11/17/2009)

Minutes Prepared By:
Pam Wilson

1. Purpose of Meeting

> To go over Action Plan

2. Attendance at Meeting *(add rows as necessary)*

Name	Department./Division	E-mail
Cindy Dunaj	Merck	cindy_dunaj@merck.com
Rick Little	Merck	richard_little2@merck.com
Paul Madrazo	GlaxoSmithKline	paul.f.madrazo@gsk.com
Kathy Marceau	RIDOH	Kathy.Marceau@health.ri.gov
Sally Mendzela	RIHCA	smendzela@rihca.org
Dick Radebach	The Wellness Company	rradebach@thewellcomp.com
Susan Shepardson	RIDOH	Susan.Shepardson@health.ri.gov
Pam Wilson	RIDOH	Pamela.wilson@health.ri.gov

2. Meeting Agenda

AGENDA

1. Welcome
2. Minutes of 9/16/09 Meeting
3. Partnership Update
5. Mini Workgroups Assigned
7. Next Meeting

SAVE THE DATES

- 26th Annual Christmas 10K Run & 5K Walk, **Sunday, December 13, 2009**, 10:00am at Rogers High School, 15 Wickham Road, Newport, RI 02840. *All proceeds to benefit Women & Infants, The Program in Women's Oncology, Integrative Care Program.* Contact: Kristen Dalbec at 274-1122 x8756
- Leukemia, Lymphoma, Myeloma - Family Support Group: 1st Wednesday of Every Month, 5:30-7:00PM, Roger Williams Medical Center, 50 Maude Street, 2nd Floor – Pavilion Bldg. Facilitators: Ellie Collins, CNS – 456-2381; Jim Willsey, Chaplain – 456-2284. For more information contact: Gloria Hincapie at 943-8888 ext. 205 or email: Gloria.hincapie@lls.org
- Leukemia, Lymphoma, Myeloma – Latino Family Support Group: 1st & 3rd Thursday of Every Month, 5:00-6:30PM, Progreso Latino, Inc., 626 Broad St., Central Falls, RI For more information contact: Gloria Hincapie at 943-8888 ext. 205 or email: Gloria.hincapie@lls.org

3. Meeting Notes, Decisions, Issues

> Paul Madrazo chaired the meeting. Below are the updates on the Action Plan. H1N1 flu activities have been taking most of the workgroup members' time.

4. Action Items

Action	Assigned to	Status
<p>Objective A: By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p>Strategy 1: Encourage implementation of a high school assessment for RI public and private high school students</p> <p>Activity #1: Engage stakeholders to instigate discussion re: the possible introduction of a required high school assessment physical.</p> <p>Tasks</p>	<p>Kathy Marceau</p>	
Organize an initial meeting with stakeholders	Kathy	4-6 months ago, Peter Simon, Kathy Marceau & Rosemary Reilly met with Dr. Fox – Physician who works with school health—to talk about a 9 th grade assesment. May involve legislation. School nurses were resistant. With H1N1 in schools, they are reluctant to do anymore work. 2 nd meeting is scheduled. May be easier to do a 10 th grade assessment.
Book, and invite members of the abovementioned organizations	Kathy	
Further tasks TBD	TBD	

Objective A: By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.

Susan
Shepardson

Strategy 2: Initiate legislative policy change in RI re state STI regs – to allow females under the age of 18 to be vaccinated for HPV w/out parental consent

Activity #1: Work to change the state STI regulation language

Tasks

Bring together organizations such as legislators, TitleX Center, Parent Advocates, Immunization Coalition members, School Nurses, faith based organizations, and the Dept. of Health

TBD

Susan talked to Cheryl LeClair who runs Title X program at DOH. Pat Raymond is going to send Susan the request letter that Peter Simon drafted to make HPV a reportable disease.

Recommend changes to the STD regulations

Susan met with people with HEALTH STD program about making HPV a reportable disease. STD program is now part of Center for epidemiology. Were firmly following Gonorrhea and Syphilis and backed off on Syphilis.

Group suggested we speak with Dr. Crausman about this subject.

Gather recommendation support

Objective A: By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.

Paul Madrazo/
Kathy
Marceau

Strategy 3: Launch a "Cancer Education" campaign targeted to RI 4th graders relating to cancer prevention

Activity #1: Design a train-the-trainer educational model for schools to utilize for future cancer education programs

Tasks

Engage members of the Partnership, heads of RI public and private schools, the RI Tobacco Control Program, RI Initiative for Healthy Weight, Childhood Immunization Coalition, the Dept. of Education, RISA, MADD, SAD, etc. to ensure buy-in of the pilot program

Paul

Kathy M. will set up a meeting with key players in Health dept. Paul can talk about what's going on nationally.

Kathy is going to contact Gloria Hincapie from LLS since she does programs in the schools and has relationships with Latino community.

Research best practices. Look at other presentations on the various topics that have already been done to get evidence based ideas and information

TBD

Paul researched current school health requirements. Certain activities are mandated to teach. School regs talk about STIs. HIV is a mandate. Currently schools can talk about HPV but are not required to. Paul's feeling is to go thru reg process rather than legislation. Rosemary works on that. Annie Sylvia, DOE Elizabeth Sherloff (sp?) said that it is so benign to talk about HPV, don't put in regulations. Paul noted that the rules and regs for school health hasn't been opened since 07

Develop a train-the-trainer model

Rich

Pilot model in several schools

TBD

Sally M. suggested rather than using school employees, to enlist a peer-to-peer model to teach kids. Anna Wheat was suggested and will be asked to join workgroup. Find a high achiever in all schools to be an ambassador to small groups. Someone from the community. The Met is a good school to pilot. Cranston West as well.

Evaluate effectiveness

Program
Evaluator

If effective, research the steps necessary to include the program as part of 4th grade curriculum

TBD

Disseminate model to other schools TBD

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<p>Objective A: By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p>Strategy 3: Launch a “Cancer Education” campaign targeted to RI 4th graders relating to cancer prevention</p> <p>Activity #2: Encourage physicians to include cancer prevention information in routine office visits with adolescent patients</p> <p>Tasks</p>	Susan/Pam	Develop and send out an electronic one page cancer prevention info sheet to all primary care and family practice doctors in the state
Research CDC based cancer prevention information	Susan/Pam	Pam has been accumulating information.
Draft the one pager	Susan/Pam	Pam has spoken to Gail Barbonne Miller, Communications Dept. at HEALTH
Obtain doctors e-mail addresses	Susan/Pam	In addition to emailing, Paul suggested that when RI ships out vaccinations to doctors, could we put this one pager about Cancer prevention on top? He also said Philadelphia does a lot of education targeting providers.
Send out via e-mail	Susan/Pam	

Action	Assigned to	Status
<p>Objective A: By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p>Strategy 4: Encourage compliance with recommendations for females who get vaccinated with HPV to complete the 3-dose vaccination series</p> <p>Activity #1: Introduce Vaccinate Before You Graduate to younger grades</p> <p>Tasks</p>	Susan & Dick w/ Kathy as an asset	The subject of vaccinating boys was discussed.
Meet with RI Immunization Program Manager at HEALTH	Susan	
Pilot test VBYG at 2 or 3 middle schools	VBYG	Dick pointed out that the mechanics of introducing a H1N1 flu vaccination program in elementary schools (evening) and in middle schools (afternoon) and their obtaining K-12 guidance for H1N1 will be a "practice" run for rolling out a VBYG in younger grades. Some schools include 7 th grade. Piloted expanded influenza to High Schools. This year offering flu to every High School in state and to middle schools that are attached. Susan pointed out that rather than just being an immunization initiative, we want to put the weight of The Partnership on it and focus on preventing cancer.
Evaluate effectiveness	Anna	
If effective, disseminate program to all schools offering VBYG	VBYG	

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<p>Objective A: By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p>Strategy 4: Encourage compliance with recommendations for females who get vaccinated with HPV to complete the 3-dose vaccination series</p> <p>Activity #2: Create an advertising campaign targeted to women over 18 – encouraging the use of Title X Family Planning centers as places to receive “catch-up” vaccine</p> <p>Tasks</p>	<p>Pam Wilson/ Rick Little</p>	<p>HEALTH donating 1st dose of HPV to health centers – Dr. Block. Who can talk to us about Title X Family Planning’s ability to vaccinate young women? Sally & Kathy will follow-up with health centers.</p>
Design campaign	Pam	Pam will contact Gail Barbonne Miller, Communications at HEALTH to assist her in the campaign. Rick has templates he can send to Pam from Merck. Pam has research on social media campaigns to adolescents. Present the texting idea to group next meeting.
Decide on an advertising medium (pamphlets, bus ads, radio, etc.)	Pam	Will also contact Carrie Bridges in Minority Health to find out the best media strategies. Has gathered research from CDC (flyers, ads, PSAs). Sally suggested targeting the ads to where adolescents go – place ads on buses or flyers at resource tables at “adolescent” events. Suggested doing a pilot program at a Night Club (targeting ages 21-26) – follow up with a vaccination.
Launch campaign	Workgroup	
Work with DoH Immunization Program on adult vaccine availability	Susan	

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<p>Objective A: By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p>Strategy 4: Encourage compliance with recommendatins for females who get vaccinated with HPV to complete the 3-dose vaccination series</p> <p>Activity #3: Assist wit the Immunization Program's effort to include HPV tracking information on the school physical form</p>	Kathy and Immunization Team at HEALTH	COMPLETED!!
<p>Objective A: By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p>Strategy 5: Encourage health insurance reimbursement to community/mass immunizers to make accessibility o f HPV vaccination less restritive for patients in terms of insurance coverage and convenience</p> <p>Activity #1: Create a statement of principals from the Partnership to Reduce Cancer in Rhode Island to be sent to key stakeholders</p> <p>Tasks</p>	Dick/Susan	
Research how other states reimburse non-primary care immunizers	Dick	Ask each of Medical Directors (Dr. Simon) to provide report of women who received at least one dose of HPV. Any woman who's continually enrolled ages 18-26yr. % of eligible received any doses. BC pays for communiy-based vaccines. Uninsured is another issue. Blue Cross is an important step in Medical home giving alternatives for vaccines. Work together to define if it's a problem and how solve it.
Draft letter of intent	Dick	
Gain sign-on support	The Partnership	
Copy and distribute as needed	Dick	

5. Next Meeting

Date: (MM/DD/YYYY)	01/20/2010	Time:	12:00-1:30PM	Location:	DOA, Executive Dining Room
Agenda:	Activity Leads will update group on progress				